

**Home Telehealth Program  
Technology Tracking Sheet**

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_  
\_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

VSB Box #:

Peripherals to Deliver:  
(include Serial #) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requires Power Strip:      Yes                      No

Requires Phone Line:      Yes                      No

Directions:                      Yes                      No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Delivery Date: \_\_\_\_\_                      Time: \_\_\_\_\_

Signed for Delivery: \_\_\_\_\_

☐ VSB and all peripherals have been returned in good working condition.

Date: \_\_\_\_\_                      Signature: \_\_\_\_\_